Exploring Conflict within Multidisciplinary Teams

in the Acute Care Setting from a Nurses Perspective

by

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COMMITTEE APPROVAL

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Abstract

Canadian healthcare organizations are experiencing increasing challenges meeting the evolving health needs of aging and growing populations. The ability to manage conflict between multiple stakeholders with varying priorities, responsibilities and associations relative to the healthcare organization is critical to more effectively meet these challenges. The following qualitative research explores factors that contribute to conflict within a multidisciplinary healthcare teams setting and between regulated health professionals. Four registered nurses from an acute care hospital setting in a large metropolitan center were recruited to share their experiences of multidisciplinary team conflict through the use of facilitated focus group sessions. A thematic analysis revealed four main themes perceived as contributing to conflict: team discordance, professional expectations, relational conflict and communication barriers. These findings expand the current limited body of research while aiding the development of best practice tools and guidelines for healthcare organizations.

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Introduction

Background

Canadian healthcare organizations are increasingly being challenged to expand their provision of health delivery while competing with increasing cost pressures as a result of declining infrastructure and rising expenditures associated with supporting a traditional health care delivery system (Canadian Institute of Health Research, 2011; Denis & Canadian Health Services Research Foundation, 2011). An ageing population, paired with ever growing and complex care delivery models, as well as a shift toward outcome-based results has highlighted the need for significant realignment of health care service delivery in order to more effectively meet the evolving health needs of our populations (Al Bawaba, 2018; Denis & Canadian Health Services Research Foundation, 2011). A realignment of health care service delivery of this magnitude requires transformational change and significant collaboration and partnerships from all levels of the health care organization to be effective (Black & Gregersen, 2008; Bridges, 2009; Senior & Swailes, 2016). To this end, multidisciplinary teams have been shown to promote system changes through innovative practices that improve the quality and delivery of care for patients (Epstein, 2014; Sierchio, 2003; Virani, 2012). Accordingly, multidisciplinary teams should be explored as key stakeholders to assist with the transformational changes that health organizations are being challenged with.

The ability to successfully manage conflict between multiple health care professionals with varying priorities, responsibilities and associations relative to a healthcare organization is critical to effectively support transformational change in the healthcare system while ensuring stakeholders are invested in and supportive of a common approach (Almost et al., 2016; Hetzler & Record, 2008). Participants within a healthcare organization are comprised of multiple

regulated health professionals with varying and distinct roles and relationships to the employer.

Firstly, physicians as stakeholders and practitioners within healthcare organizations typically

operate under a privileging-based model that grants rights to the physicians to perform specific

acts and protect the independent nature of their role (Canadian Medical Protective Association,

2011). Secondly, the healthcare workforce is comprised of multidisciplinary health professionals

and administrative staff supported by unionized agreements and strong linkages within their own

individual professional practice and licensing boards. Finally, organizational leadership

involving both administrative and medical management roles exist within the health organization

to provide direction and operational accountability for service delivery. In this environment, the

diversity within and between stakeholder groups in relation to their formalized workplace

association, external regulatory and licensing bodies and professional practice approaches can

create conflict and even competition within the organization. Thus, there is a significant

opportunity and importance to further explore the factors that contribute to conflict within

multidisciplinary healthcare teams and between regulated health professionals to support the

changes necessary to improve our health delivery systems.

Multidisciplinary health care teams are comprised of various health care professionals

operating within unique scopes of practice that provide collective and collaborative care to

patients through a coordinated approach that supports the overall goal of improved health service

delivery and patient care (Denis & Canadian Health Services Research Foundation, 2011). An

important component of the multidisciplinary team is the collaboration of different health care

professionals with the goal of advancing and enhancing care. The type of health care

professionals involved and overall size of the multidisciplinary team can vary and should be

unique to the care needs of the patient or populations that are being supported. Nancarrow et al.

(2013) highlights terms such as interdisciplinary and multidisciplinary are frequently used interchangeably in the literature and within health organizations to describe teams that broadly include members of healthcare teams, professional and non-professional alike. This inclusive perspective recognizes the important contributions that non-traditional team members such as administrators, health leaders and non-regulated health professionals play in multi/interdisciplinary teams. Thus, the term multidisciplinary health care team will be used generically throughout thus study approach to represent an expanded definition that is inclusive to all participating team members in the health care setting.

The multidisciplinary health care team based approach has received significant endorsement and support over the years as a strategy to assist with the realignment of health services to better meet the needs of our aging and increasingly complex patient populations. Multidisciplinary teams provide a significant opportunity to improve the delivery of care and transform the way health organizations function by advancing incremental changes that more closely concentrates on the needs of the patients (Denis & Canadian Health Services Research Foundation, 2011). Sierchio (2003) notes that because multidisciplinary health care teams promote collaboration between team members, they facilitate increased sharing and understanding of different clinical perspectives that provide a strong foundation for leading improvement strategies within a health care organization. In essence, multidisciplinary teams break down the silo that have traditionally exist between health professionals and encourages them through collaboration to appreciate their unique and collective contributions to improving the health system and more specifically patient care outcomes. Finally, Epstein (2014) and Virani (2012) have highlighted through extensive literature reviews that multidisciplinary teams in the health care setting enhanced patient care through improved quality and safety while

optimizing staff performance. Therefore, a multidisciplinary health care team approach can be

utilized as a strategy to better meet the changing needs of patients by effectively promoting a

patient focused approach, provide a strong foundation for leading improvement strategies, and

enhancing patient care through quality, safety and performance.

Much of the energies health organization and researchers have dedicated to enhancing

multidisciplinary team effectiveness has centered on the enrichment of teamwork through

collaboration of professionals. The advent of interprofessional education in both academic and

clinical settings has been identified as one of the key factors contributing to multidisciplinary

team collaboration because it provides team members with the opportunity to learn with and

about other health disciplines in a non-competitive environment, promoting a shared

understanding of the value that each discipline contributes to and within the health care team

(Bookey-Bassett, Markle-Reid, Mckey & Akhtar-Danesh, 2017; Johansson, Eklund, K., &

Gosman-Hedström, 2010; Petrie, 2010; Young et al, 2011). Another frequent factor contributing

to collaboration in multidisciplinary teams is that of role awareness. It has been recognized that

an understanding of one's own role, responsibilities and expertise and those of the other health

professionals within a multidisciplinary team can improve collaboration by enhancing individual

practitioner confidence to recognized clinical boundaries, thereby fostering improved trust and

respect between team members (Bookey-Bassett et al, 2017; Jayasuriya, Harris, & McDonald,

2012; Petrie, 2010). Finally, organization support is another key factor essential for promoting

multidisciplinary team collaboration. Both researchers and health organizations have recognized

that organizational resources in the form of supportive funding, protected time and a shared

space for the multidisciplinary team to meet enhances collaboration by promoting an

environment that fosters interprofessional working relationships and team unity between

members (Baxter & Markle-Reid, 2009; Petrie, 2010; San Martín-Rodríguez, Beaulieu, D'Amour, & Ferrada-Videla, 2005). Thus, interdisciplinary education that promotes focuses on a shared understanding of multiple health disciplines, role awareness that enhances confidence and trust through recognized clinical boundaries and organizational supports that protect resources, time and space for teams to grow are all factors that contribute to collaboration within a multidisciplinary team setting.

As the benefit of multidisciplinary team collaboration continues to be explored, it is additionally important to recognize the value of the factors that contribute to conflict within a multidisciplinary team setting. Firstly, collaboration is a strategy that is widely used in a team based and/or organizational setting to improve team effectiveness and outcomes (Woodland & Hutton, 2012). Collaboration was most significantly identified by Thomas-Killman's two-dimensional model of conflict behaviour, which proposes five conflict-handling modes (Competing, Collaborating, Compromising, Avoiding and Accommodating) as strategies to be utilized to manage conflict situations (Thomas, 1992). Despite the preferred approach towards collaboration, no one style is a favourable strategy in all situations but rather every conflict style has circumstances where they may be the most appropriate behaviour to resolving conflict (Churchman, 2013). Alternatively, conflict can be portrayed for the purposes of this study as a dynamic process occurring between individuals experiencing adverse emotional reactions to disagreements that interfere with distinct goals or outcomes (Barki & Hartwick, 2004). It is important to recognize that even though there may be a strong relationship between the factors that contribute to conflict and conflict management strategies such as collaboration, identifying barriers to collaboration is not the same as identifying factors that contribute to conflict. Thus, exploring the factors that contribute to conflict in the multidisciplinary setting will provide a

more complete understanding of conflict, its role in health care teams and the opportunities that exist to more effectively manage it.

Research Purpose

Primary research purpose:

- To explore the factors that contribute to conflict within multidisciplinary healthcare teams and between regulated health professionals.

Secondary research purpose:

- To provide recommendations for future studies with the goal of expanding the current limited body of research
- The development of an organizational best practice tool/guideline that highlights and supports knowledge translation of the study findings to health care organizations

The primary purpose of this research study is to explore the factors that contribute to conflict within multidisciplinary healthcare teams and between regulated health professionals. A qualitative research methodology was employed that invited registered nurses to share their experiences of multidisciplinary team conflict through the use of facilitated focus group sessions. This study approach consisted of purposive homogeneous sampling, focus group data collection, and thematic analysis to better understand the richness of individual and personal experiences with conflict in a multidisciplinary team setting. Finally, experiences were categorized into meaningful conflict themes common between all participants.

Examining the factors that contribute to conflict within a multidisciplinary team is a significantly unexplored body of research that has traditionally also lacked investment for health

organizations to aid them in developing positive strategies and cultures that support the changes

necessary to improve health delivery systems. As such, a secondary purpose of this research

study will include recommendations for future studies with the goal of expanding the current

limited body of research, and the development of an organizational best practice tool/guideline

that highlights and supports knowledge translation of the study findings to health care

organizations and conflict management practitioners.

Conflict Theory

No one single agreed upon definition of conflict currently exists in the conflict

management field. However, many different theoretical approaches have been employed to

analyse and better understand it. Abigail & Cahn (2011) emphasizes that these theories of

conflict are highlighted by distinctive concepts, principles and assumptions with differing

approaches to support unique and varied conflict management strategies. In consequence, how

we describe conflict determines how we interpret it and choose to respond. That said, Mayer

(2012) proposes conflict contains three basic dimensions (cognitive [perception], emotional

[feeling], and behavioural [action]) and that this three-dimensional strategy is useful in analysing

the complexities that conflict typically encompasses, integrating well to both individual and

group conflict scenarios. While this theory is not a definition of conflict, it provides valuable

insights into the components that conflict situations are comprised of. Although traditionally

viewed as an undesirable interaction or event, many researchers and theorists acknowledge the

benefits that conflict as well as its outcomes can offer. Donohue (1992) speculates that conflict

should be seen as an inevitable part of the human condition, and as such, we should try to

explore its positive aspects. Littlejohn and Domenici, K. (2001) highlight that conflict cannot be

avoided but must instead be thought of as an opportunity to improve relationships within a team

environment. In addition, Mayer (2012) states that conflict in and of itself is not a negative

concept, but rather a necessary component in the growth and development of individuals,

communities and societies as it helps balance the needs and well-being of all its members. These

perspectives highlight an important shift away from viewing conflict as a negative interaction to

be avoided, to one being an essential component of human interaction that can aid in positive

growth of the individuals involved. In summary, although a universal definition of conflict does

not exist, there is recognition that conflict contains components of cognitive, emotional and

behavioural dimensions and that it can be viewed as an inevitable interaction that can provide

greater opportunities for individual growth and devolvement.

Conflict can be categorized into multiple different classifications to better identify the

functional features and unique elements that each conflict situation presents, facilitating a

structured framework for analysis. From an organizational perspective, the study of conflict has

consistently identified four distinct types; intrapersonal conflict, interpersonal conflict,

intragroup conflict and intergroup conflict (Rahim, 2015). For the purposes of this study,

interpersonal conflict, which focuses on conflict between two or more individual members, and

intragroup conflict that denotes conflicts that emerge within group or teams settings, will be the

primary focus of exploration and analysis. The reasoning for this focus is that both interpersonal

and intragroup conflict have been recognized as having significant factors contributing to

conflict within organizational teams in general and the multidisciplinary health care teams setting

in particular (McKibben, 2017; San Martín-Rodríguez et al, 2005). Additionally, conflict can

also be categorized by its source within distinctive conflict categories for the purposes of

evaluating conflict within an organizational group setting. It was Jehn (1997) who first

identified the importance that relationship conflict (conflicts focused on interpersonal

relationships), task conflict (conflict focused on the content and the goals of work), and process conflict (conflict arising out of how tasks will be performed) play within organizational groups. These validated sources of conflict have provided a strong framework for examining organizational group dynamics since first being introduced, and have successfully been incorporated into the conflict analysis of health organizations and exploration of health care team effectiveness (Almost et al., 2016; Dunsford & Reimer, 2017; Greer, Saygi, Aaldering, & de Dreu, 2012). In summary, interpersonal and intragroup conflict perspectives as well as relationship, task and process conflict sources have all been identified as key factors contributing to conflict within a multidisciplinary health care team and will be used to create a robust framework for analysis.

Organizational conflict although traditionally not focused on the health care setting has been a significant focus for conflict management practitioners as a means to build organizational capacity and improve efficiencies and outcomes. Raines (2012) emphasized that organizational leaders need to better understand the intricacies of how conflict evolves before they can develop strategies to manage unproductive conflict effectively. Raines (2012) also argued that there is no one-single best approach to conflict and that organizational leaders should develop skills to identify and accommodate numerous approaches as they expand their conflict management styles to better align and address specific disputes. Thus, understanding how conflict evolves within differing organizational contexts is not only important but also essential as a first strategy for organizations to effectively build and expand conflict management competencies. This is further supported by Hetzler and Record (2008) who argue that it is crucial for health organization to implement a conflict management structure that includes oversight, policy support, resources and training to decrease conflict barriers and ensure patient safety. Finally,

Almost et al. (2016) conclude that a multi-level approach to managing and mitigating conflict in healthcare settings is essential because the responsibility of building a culture that is not conflict adverse rests with all organizations leaders, managers and practitioners to promote it. As a result, it is important for health care organizations to understand the factors that contribute to conflict, and because these conflicts arise at multiple levels within the system, all organizational stakeholders must be thoroughly engaged to effectively build conflict management strategies and culture. In summary, understanding how conflict evolves within differing organizational contexts is an important and essential first strategy for health care organizations in building a conflict management structure which will require engagement of stakeholders from all levels of the organization to be truly successful.

Examining the relevant theory surrounding conflict and organizational conflict as it relates to the multidisciplinary health care team setting highlights a number of key learning's. Firstly, although a universal definition of conflict does not exists it is acknowledged that conflict does contains components of cognitive, emotional and behavioural dimensions and that it can be perceived as an expected interaction that can provide greater opportunities for individual growth and development. Secondly, interpersonal and intragroup conflict approaches combined with relationship, task and process conflict sources have all been identified as key factors contributing to conflict within a multidisciplinary health care teams. Finally, understanding how conflict evolves within differing organizational contexts is a crucial first strategy for health care organizations in promoting a conflict management structure that requires full engagement of stakeholders from all levels of the organization to be successful.

Literature Review

A review of the current breadth of research surrounding conflict within multidisciplinary teams has identified limited empirical research focused on healthcare team conflict, a larger pool of research on group conflict outside the healthcare setting, and finally scarce grey literature translating current research findings into clinical practice and policy within health organizations across Canada. Research studies exploring healthcare team conflict commonly involved qualitative methodological frameworks producing a limited exploration of conflict themes. In contrast, empirical studies exploring group conflict outside of the healthcare setting were typically administered through rigorous quantitative analysis involving large sample size, but were limited in their transferability of learning's from the large private-for-profit corporations where these studies were conducted. Finally, a grey literature review to identify the translation of current research findings into clinical practice and policy within health organizations across Canada identified only two clinical practice guidelines that focussed on conflict prevention and management within the healthcare setting. Considering the limitations and strengths of current research and grey literature surrounding healthcare team conflict, additional research would benefit from a more robust qualitative approach to further identify and validate conflict barriers within the healthcare team setting.

Healthcare Team Conflict

Empirical research studies that explored healthcare team conflict identified professional practice boundaries, trust and individual expectations as key themes that contribute to the development of conflict. These studies were conducted utilizing qualitative methodological frameworks that employed a combination of semi-structured interviews, focus groups and questionnaires for data collection. Although these studies typically involved data collection with

small sample size that could potentially limit transferability of finding, they offer a unique

introductory exploration of conflict themes in healthcare teams. Brown et al. (2011) propose that

a key opportunity for leadership is to enact conflict resolution activities through the development

and implementation of conflict management protocols to better recognize and address conflict

situations when they arose. In addition, Brown et al. (2011) identified that role boundaries,

scopes of practice and accountabilities were all themes identified by primary healthcare team

members and subsequently sources of conflict that created barriers for conflict resolution.   This

perspective is further supported by the work of Jones (2006) whose qualitative participatory

action research study approach highlighted the notion that professional groups approach patient

care with a determination to protecting professional boundaries and their unique education and

skillset.   Jones (2006) concluded that health professions defend their roles within a multi-

disciplinary team setting by asserting their professional responsibilities in the work they do,

which may in turn create barriers and conflict through disputes of ownership in some practice

areas. In addition, Chan, Bakewell, Orlich, and Sherbino (2014) found that team-based

interactions were more susceptible to conflict in high stakes complex exchanges and required a

deeper understanding of the social forces at play, and that increasing trust between colleagues

may resolve or decrease conflict in the multidisciplinary team setting. Most notably, Chan et al.

(2014) identified that trust was a significant mitigating theme that intersected all other conflict

producing forces at play within a multidisciplinary team and highlighting the prospect for

establishing trust building activities as a strategy to mitigate or resolve conflict. Finally, Leever

et al. (2010) proposed from their findings that conflicts between physicians and nurses arise out

of complex forces composed of individual expectations weighed against professional practice

standards, and that various determinants such as influence and personal motives play a crucial

and dominant role in the decision to engage in conflict. In summary, empirical research studies

that explored healthcare team conflict highlighted role boundaries and scopes of practice as

significant sources of conflict within multidisciplinary teams, identified the need for health care

professionals to protect professional boundaries and in turn create potential barriers through

disputes of ownership and recognized that a lack of trust between team members inhibited the

ability of the individual to understand the critical social forces at play in team conflict scenarios.

Relational Aggression in Nursing

One area of research specific to conflict within the health care setting is that of relational

aggression between nurses. Relational aggression is a form of interpersonal conflict and is a

term that can encompass a number of conflict experiences in the workplace such as lateral and

horizontal violence and workplace bullying (Salin, 2003). The general concept surrounding

relational aggression is the use of relational power to inflict social harm (Dellasega, Volpe,

Edmonson and Hopkins, 2014).   Although not specific to multidisciplinary team based conflict,

this conflict focus provides an important understanding of the relational factors that can affect

health care professionals. Much of the research into relational aggression has to date focussed on

the prevalence and outcomes of relational aggression within the nursing profession specifically.

In one quantitative study, McKenna, Smith, Poole, and Coverdale, (2003) found that many new

graduates in the first year of practice were likely to have experienced relational aggression which

consequently led to increased absenteeism, thoughts of leaving the profession and symptoms

synonymous with post-traumatic stress disorder. In another study, Dellasega, Volpe,

Edmondson and Hopkins, (2014) found a significant correlation between relational aggression

and job dissatisfaction, and again an increased intent to leave the profession. Both these studies

highlight the serious impact that relational aggression can create in the workplace and for health

organizations as a whole. Additionally, Duddle and Broughton (2007) through a qualitative case

study approach exploring interprofessional relationships between nurses, found that the ability to

manage difficult interaction, negotiation skillsets and overall resilience were three factors that

influence relationships between nurses in the health care setting. Although not specific to its

focus surrounding relational aggression, this study does highlight factors that contribute to the

development of relational barriers between nurses in general. In summary, relational aggression

has shown significant impact to the health care workplace within the nursing profession and has

been associated with increased job dissatisfaction, stress, and thoughts of leaving the profession

altogether creating an important lens for future exploration in the context of factors that

contribute to conflict within multidisciplinary healthcare teams and between regulated health

professionals.

Group Conflict

Empirical studies exploring group conflict outside of the healthcare setting have

identified relationship conflict, conflict styles of leadership and trust as themes that contributed

to the development of conflict within intergroup and intragroup settings. The data collection and

subsequent quantitative analysis of these studies typically included rigorous factor and regression

analysis of questionnaire results. The sample size for these studies was considerably larger in

comparison to the qualitative empirical studies presented earlier and would be considered a

strength, while limitations around the transferability of these learning's from larger private-for-

profit corporations to health organizations should be considered. A study conducted by Chun

and Choi (2014) found that relationship conflicts may have a negative influence on group

performance, while task conflicts may promote positive influences by encouraging cooperation

and innovation. In addition, Chun and Choi (2014) found that facilitating the concept of open

communication could be a valuable strategy for improving interpersonal relationships as it assists with positively modifying interpersonal attitudes within the group. In comparison, Gelfand, Leslie, Keller, and de Dreu, (2012) found that positive conflict management leadership styles promoted organizational effectiveness and collaborative approaches while negative styles promoted reduced creativity and decreased customer service excellence. This study also identified that a leader's collaborative, avoidant or dominating conflict management style will develop the same collaborative, avoidant and dominating conflict cultures throughout the organization. Finally, Han and Harms (2010) showed that increased trust positively affected both task and relationship conflict, which the authors then rationalize, was because elevated team level trust promoted individuals to better identifying with the team and its overall goals. Thus, empirical studies that explored group conflict outside of the healthcare setting identified that relationship conflict had a negative influence on group performance by increasing stress and emotional strain, positive conflict managements styles promoted collaboration while negative styles reduced creativity and decreased customer service excellence, and elevated team level trust positively affected both task and relationship conflict by encouraging individuals to better identifying with team goals and objectives.

Critical Literature Appraisal

The collective articles providing critical literature appraisal on healthcare team conflict and group conflict highlighted the concepts of power, communication and process conflict barriers as substantive contributing elements to conflict. Firstly, power was identified as a central concept that influences task relate conflict, relationship conflict and process conflict in both intragroup and intergroup settings (Dovidio, Saguy, & Shnabel, 2009; Janss, Rispens, Segers, & Jehn, 2012; Thistlethwaite, 2015). Janss et al. (2012) argued that a team member's

perception of power differences and conflict strongly influences personal, motivational and team performance because it shape how teams and their individual members communicate and collaborate in ever changing environments. In addition, Dovidio et al. (2009) emphasizes the influence of power and privilege within a group hierarchy promotes tension and conflict between group members because intragroup processes and intergroup relations are closely aligned. Thus, the effects of power imbalances between members within a group setting increase the incidence of task, relationship and process conflict by creating tensions between members that negatively affects team performance. Next, communication was highlighted as an essential component to resolving conflict and enhancing positive outcomes of both teams and the service delivery models that teams support (Almost et al., 2016; Hetzler & Record, 2008; Rothmans, 2014; Leibbrandt & Sääksvuori, 2012). Rothman (2014) stated that members of a team must first communicate and work through their own differences to effectively reduce conflict between other groups because it will encourage focus on positive internal strengths and promotes shared narratives that in turn will improve preparation with outer group interactions and develop strong linkages and coalitions between members. In addition, Hetzler & Record (2008) in analyzing the linkages between communication and outcomes emphasize that factors of intragroup conflict such as poor communication, relationship conflict, internal disputes and disruptive behaviours of health staff can all lead to an increase in patient harm in the healthcare setting. Finally, while examining the influences of process conflict Greer, Saygi, Aaldering, and de Dreu (2012) hypothesized that process conflicts involving logistical issues in teams may be most harmful to team outcomes because they potentially involve resource control and are typically connected with roles and reputations of team members. Thus, critical literature appraisal of both "healthcare team conflict" and "group conflict" identified power as a central component

affecting personal motivation and team performance, communication as an influencer in enhancing positive outcomes through collaboration, and process conflict as a significant factor in creating barriers between team members roles and reputations affecting team outcomes.

Grey Literature Review

A review of the grey literature to explore the translation of research findings into clinical practice and policy identified two clinical practice guidelines that focussed on conflict prevention and management within the healthcare setting. The Registered Nurses' Association of Ontario (2012) published a best practice document to promote healthy work environments for nurses and healthcare teams with a perspective on managing and mitigating conflict in multidisciplinary teams. This document provides a comprehensive knowledge translation of current conflict management theory and research (both within and external to health care organizations) into a best practice approach that incorporates recommendations for conflict management and mitigation at the organizational, individual, team and government levels from a nursing specific perspective as part of a strategy to promote a health work environments framework. This best practice document identifies the educational requirements and approaches necessary to achieve these recommendations as well as providing comprehensive learning tools and strategies to enhance conflict management skillsets. Finally, this best practice documents recommends further research to explore factors that contribute to conflicts within health care organizations, health care teams and between individual health professionals. In contrast, the College of Nurses of Ontario (2017) practice guideline highlights traditional concepts of conflict prevention and management for nurses and conflict management leadership strategies through a very limited evidence-based integration of current conflict literature, research and theory. Its approach focuses on the role of the nurse and strategies of conflict prevention and management at the

nurse-client, colleague and workplace levels. Based on this fixed approach surrounding the

nurse as an individual, it was not surprising that conflict within multidisciplinary teams was an

area of unexplored content. Finally, it should be acknowledged that the lack of substantive

clinical practice guidelines found that focused conflict prevention and management within the

healthcare setting (n=2) may have been the result of public access restrictions. As a result,

although these two guidelines had fundamentally very different approaches and viewpoints

toward conflict management in the health care setting, the most substantial learning from this

grey literature review highlighted the lack of conflict management guidelines and policies found

overall and those that were identified being exclusively region centric and nurse profession

focused.

Summary

Overall, this review of relevant team conflict literature highlights limited empirical

research exploring conflict within a multidisciplinary health care team setting, more abundant

but less generalizable research on team conflict outside of the health care setting and

consequently, a lack of translation of research findings into clinical practice and policy to

support conflict prevention and management within the healthcare as a whole. Thus, the

following research study sets out to further explore the factors that contribute to conflict within a

multidisciplinary team, expanding the current limited body of research, and aid in the

development of an organizational best practice tool/guideline to better support health care

organizations and conflict management practitioners.

Methods and Methodology

To best explore the factors that contribute to conflict within a multidisciplinary team a

qualitative methodology falling within the constructivist worldview, and an exploratory approach

was applied. This research framework supports the general study objectives by recognizing that individual perceptions are subjective and that multiple perspectives are valuable when attempting to better understand the role that conflict plays within complex interactions such as a multidisciplinary team. These unique individual experiences are additionally supported by an exploratory approach that acknowledges the importance of gathering further information as the primary objective to generating an improved understanding of the factors that contribute to conflict in a multidisciplinary team setting. Thus, a qualitative methodology, constructivist worldview and exploratory approach are well suited to support this research framework.

Research Question

To further explore the factors that contribute to conflict within a multi-disciplinary healthcare team, a qualitative exploratory study was conducted with the following proposed research question:

What is the experience of conflict for registered nurses working within multidisciplinary teams in an acute care setting?

Methodological Framework

A qualitative approach, falling within the constructivist worldview, and with an exploratory approach was employed for this study and supports the study goals and research question appropriately. Qualitative research is a methodology that focuses on improving the general understanding of how social experiences are created as well as how they are given meaning by individuals that experience them (Austin & Long, 2005; Denzin & Lincoln, 2005; Yilmaz, 2013). Unlike quantitative research that that explores research phenomena through a mathematically grounded approach that utilizes statistical analysis of defined measurable study variables, qualitative research utilizes a wide variety of methodologies that explore the context

surrounding people's interactions and the meaning that people attribute to their experiences

(Yilmaz, 2013). Qualitative methodology is supported by an ontological assumption that

experiences and meaning for individuals are subjective and distinctive; that they promote

multiple realities and perspectives, and are neither fixed or static (Yilmaz, 2013). In addition, a

constructivist worldview places emphasis upon the meaning that individuals form from their

experiences and further underscores the importance that multiple perspectives can provide when

attempting to better understand the complexities of interactions and processes being studied

(Lincoln, Lynham and Guba, 2011). Utilizing this worldview ensures that the unique meanings

that each individual has created from their experiences with conflict will be valued, and an

essential component in better understanding the richness of their personal experiences. Finally,

an exploratory approach was used in gathering and analysing the data collected in this research

study. An exploratory research method is generally employed when an area of research is fairly

unexplored or not well defined and gives the researcher the ability to collect information to

increase understanding of the research problem, expand the body of knowledge and inform

future research opportunities (Marshall and Rossman, 2016). Therefore, because this proposed

research question is a comparatively new concept within the health care context and existing

research literature, an exploratory approach was utilized to gain improved insights into conflict

factors within a multidisciplinary team that can then inform future research objectives. Because

of this, a qualitative approach, falling within the constructivist worldview, and exploratory lens

was employed for this study to gain an increased understanding of the unique individual

experiences, as well as the multiple perspectives and complexity of interactions contributing to

conflict between regulated health professionals within multidisciplinary teams.

Research Design

A qualitative research methodology was employed that invited registered nurses to share their experiences of multidisciplinary team conflict through the use of facilitated focus group sessions. The study approach consisted of purposive homogeneous sampling, focus group data collection, and thematic analysis to better understand the richness of individual and personal experiences with conflict in a multidisciplinary team setting. Finally, experiences were categorized into meaningful conflict themes common between all participants whereby further analysis and discussion was explored.

Because this proposed study employs a qualitative approach, utilizing purposive homogeneous sampling and a hybrid thematic analysis, there are a number of benefits to recognize in terms of rigor and trustworthiness to the research methodology. The methodological framework, study design and proposed research question all strongly support a constructionist worldview probing a deeper understanding and the multiple realities of registered nurses experiences of conflict. Golafshani (2003) highlights that "an open-ended perspective in constructivism adheres to the notion of data triangulation by allowing participants in a research study to assist the researcher in the research question as well as with the data collection" (Golafshani, 2003, p. 604). In addition, the sampling, data collection and thematic analysis approaches all support elements of data triangulation and thoroughness, utilizing multiple approaches to examining the individual experiences of the participants. Finally, sound ethical engagement of participants within and throughout the study is promoted by a voluntary and accessible study to those that wish to participate, a study approach that protects privacy and confidentiality of participants and a strong research methodology to investigate and answer the research question respecting participant's time and the sharing of their experiences.

Population

This qualitative research study was conducted at a large metropolitan acute care health facility (Rocky View General Hospital) located within the Calgary Zone of Alberta Health Services. This healthcare organization and site were chosen based on its considerable size and complexity within a small geographic region and the significant number of regulated health professionals employed to support health service delivery (Table 1). The high density of regulated health professionals available within a small geographic region operating under one organizational structure was anticipated to increase the potential success of recruitment. In addition, because health services and the regulated health professionals practicing within this context are directed through one organizational structure, there is a greater opportunity for operational and strategic standardization across its programs and services to reduce additional influences or barriers to the study approach. A single governance structure directing policies, operational standards and priorities reduced the variability and influence of conflict being created by competing operational directives and organizational practices influenced by corporate services, professional practice standards and business intelligence systems.

Acute care beds	617
Total annual admissions to site	32208
Total Emergency Department visits	80335
Total number of annual surgeries	26193
Total annual ICU days	12979
# Hospital deaths (annual)	517
Total clinical staff (head count)	2186
Total RN staff (head count)	1280
Total operational Managers (head count)	45

Table 1: Rocky View General Hospital site-based statistics

Registered nurses were chosen as the focus population for this study based on the professions' high prevalence in the workplace and their interconnected roles, responsibilities and scopes of practice within multidisciplinary teams in the acute care setting. For the purpose of this study, an acute care service was defined as a unit or program designed to support "admitted inpatient" care needs only. It was chosen as a focus, based on the prevalent multidisciplinary team approach that is required to provide coordinated and comprehensive care. In addition, Alberta Health Services (2014) Clinical Workforce Strategic Plan has identified that registered nurses comprise approximately 70% of all regulated health professionals in the clinical workforce supporting acute care within the Calgary Zone. This prevalent role within the workforce positions the registered nurse as a substantive partner within inter-professional health care teams creating common linkages between multidisciplinary team members and the coordination of patient care. Furthermore, the registered nurses as a regulated health profession (Alberta. Health Professions Act, 2018) have clearly defined roles and responsibilities within the province of Alberta that contain well defined scopes of practice with an emphasis on inter-professional collaboration focused on working together, fostering mutual respect and enhancing working environments for clients and the health care system (College and Association of Registered Nurses of Alberta, 2003). Thus, the Registered Nurse, through their high concentration within the workforce and clearly defined scopes of practice that promote inter-professional collaboration, was well positioned to share experiences of conflict working within multidisciplinary teams in the acute care setting.

Data Sources and Sampling

The sample methodology applied focused on obtaining a purposive homogeneous sampling of registered nurses to support between two to five focus group sessions. Marshall

(1996) states that because the goals of qualitative research are to further explore complex

psychosocial issues, random sampling techniques would not be appropriate to employ.

Alternatively, purposive sampling in a qualitative approach permits the researcher to "actively

select the most productive sample to answer the research question" (Marshall, 1996, p. 523).

Furthermore, Palinkas et al (2015) describes purposive homogeneous sampling as an approach

that focuses on a particular subgroup in which all members are similar and is frequently used in

selecting focus group participants. One of the opportunities identified from the current empirical

research in qualitative healthcare team conflict identified a lack of purposive sampling and

grouping of participants based on their regulated health professions. The current research study

proposed to utilize a purposive homogeneous sampling method to explore and better understand

individual experiences of conflict within multidisciplinary teams within a specific regulated

health profession lens (registered nurse). Finally, with regards to sample size, Marshall (1996)

suggests that in qualitative studies an "appropriate sample size is one that adequately answers the

research question" (Marshall, 1996, p. 523). Thus, because this study sought to explore the

individual experience of conflict for registered nurses and is not focused on generalizability of

findings to a larger population, a smaller sample size may be adequate to explore the research

question and obtain thematic sufficiency and saturation within the data.

Participant Selection Criteria

Considering the purposive homogeneous sampling method being applied, study

recruitment was coordinated in partnership with the research site to identify participants that

have at least one year of independent clinical practice experience and have encountered conflict

on more than one occasion within a multidisciplinary team in the acute care setting (self-

identified experience). The rationale for creating these selection criteria are to ensure

participants have an appropriate understanding of their professional roles working on teams, have individual experiences of conflict to share, and work in similar clinical settings reducing the potential for outliers and confounding influences. In support of these criteria Pfaff, Black, Jack and Ploeg (2013) highlight that first-year experiences of a graduate registered nurse transitioning toward independent professional practice are highlighted by a lack of confidence, developing knowledge while gaining experience and fear of rejection by the health care team. In addition, Fink, Krugman, Casey and Goode (2008) emphasized that during the first year of professional practice registered nurses self-identified large gaps in skill acquisition and role clarity that gradually after one year of experience, improved to gain clinical self-confidence. Therefore, this study focused on enrolling registered nurses with at least one year of independent clinical practice and who had encountered conflict on more than one occasion to reduce the influence of professional inexperience that is typically seen in the first year of a developing nurse's practice while ensuring adequate experiences of conflict in a multidisciplinary team setting.

Study Recruitment

The process for recruitment consisted of the distribution of an introductory study email (Appendix A) through front line managers to all registered nurses working at the Rockyview General Hospital site employed in an acute care service (Table 1). The study email introduced the study purpose, highlighted what to expect if recipients consented to enroll in the study and reinforced the voluntary nature of their participation and ability to withdraw at any time. The introductory study email then invited potential participants that met the selection criteria to reply with interest to the study researcher. Privacy and confidentiality of participants was achieved by asking recipients of the email to self-identify their interest to participate in the study by responding directly and privately to the study researcher. This process ensured that none of the

larger pool of recipients that received the introductory study email was knowledgeable about a

particular individual's interest in participating in the study. Furthermore, because the primary

researcher was a leader within the health organization, an additional disclosure was provided to

highlight this employment association and reinforce with all recipients that their choice to

participate or not will have no effect upon their employment or advancement within Alberta

Health Services. It was also disclosed that this research was conducted as part of graduate

studies at Royal Roads University for personal growth reasons only and had no association to the

researcher's current role or work currently being conducted with AHS. Those participants that

responded directly to the study researcher were provided further detailed study information and a

study consent form describing their role in more detail if they chose to participate further. It was

through this email correspondence that potential participants if still interested were asked to self-

declare they met the study selection criteria. Only those that self-identified as meeting the

selection criteria and agreed to participate after reviewing the consent form were scheduled for a

facilitated focus group session.

Data Collection

Focus groups were used as the primary data collection method for this study supporting

the qualitative nature of this study objective to explore unique individual experiences, multiple

perspectives and complexity of interactions contributing to conflict between regulated health

professionals within multidisciplinary teams. The study design invited individual registered

nurses to participate in one focus group session lasting approximately 90 minutes. The original

intent of the study was to facilitate between two and five focus group session with six to ten

participants each. Marshall and Rossman (2016) highlight that multiple focus group sessions can

increase the ability of researchers to identify common themes between the experiences shared by

individuals. Thus, the multiple-session approach provided the researcher with increased opportunity to analyze the individual experiences that participants have of conflict and can aid in study analysis for common themes and differences between participants. In the end, the recruitment process provided the framework for the planned facilitation of two focus group sessions with the anticipation of between 6 and 10 participants attending each session and creating an overall recruitment goal of between 12- 20 participants overall.

The focus group sessions included a preregistration, facilitated discussion and debriefing session that altogether comprised of approximately 120 minutes. For the preregistration process, all participants had their consent forms (Appendix B) reviewed with them individually to ensure any outstanding questions were addressed before signing and prior to the start of the session to ensure informed consent and agreement of the focus group approach. A key point reinforced at this stage was the ability at any time during the focus group session to withdraw from the study but that due to the nature of the study data collection method the information they had shared up until the point of their withdrawal will be preserved as part of the research study, could not be removed and would contribute to the overall data collection and analysis. Prior to the facilitated focus group session another point emphasized to all participants was the commitment from the researcher to protect confidentiality by de-identifying any personal information to ensure that no names of participants would appear on any final documentation or reports whether they are published or unpublished. Participants were then asked to honour the same approach, as they will be hearing others experiences, thoughts and opinions just as they will share their own. Finally, a debriefing session concluded the facilitated focus group discussion to provide an opportunity for participants to share their thoughts about the process, provide additional

information on the studies next steps and thank them for their time and contributions to the research.

Through a facilitator and guided by semi-structured questions, participants were asked by the researcher to describe and share their experiences of conflict. A focus group guidebook (Appendix C) was created that highlighted the method and essential components to cover in the focus group sessions to ensure that each session was facilitated equally in its approach and covered the same general topics with participants. As this research was exploratory in nature seeking to understand the unique individual experiences and multiple perspectives of conflict with a multidisciplinary team, participants were asked to define what they perceived conflict to be and share their experiences of conflict from this perspective. Prompts were developed and utilized as part of the facilitation process to provide a focus, but to also allow the group discussion to be adaptable in terms of how to share information. This approach ensured consistency between the multiple focus group sessions and increased the opportunity to ensure the research question was adequately explored. All sessions were recorded through a digital recording device and participant observations in the form of field notes were taken throughout the session. Lastly a transcription of the audio recordings was developed to facilitate comprehensive data analysis. It is important to note that all data collected during this study (recordings, contact info, copies of consent forms) remained confidential and was kept in a secure environment that only the researchers and authorized representatives of Royal Roads University had access to for the purposes of completing this research project.

Data Analysis

The data analysis methodology conducted for this study centered on thematic approach to assist with the distillation of raw transcript data generated from the focus group session into

meaningful themes for further analysis. Guest, MacQueen and Namey (2012) hypothesize that

thematic analysis is a common and useful approach to most qualitative research studies focused

on capturing contextual data generated from in-depth interviews or focus groups because "it

effectively focuses on identifying and describing both implicit and explicit ideas within the data"

(Guest, MacQueen & Namey, 2012, p. 11). For the purposes of this study, a hybrid approach of

thematic analysis involving components of both inductive and deductive coding and theme

development originally utilized by Ferriday and Muir-Cochrane (2006) was employed. This

approach utilized a thematic analysis process that combines both codes generated from research

literature (deductive codes) and data generated codes from the experiences of participants

(inductive codes) within the focus groups to compare and generate themes.

　　　This inductive/deductive coding approach proved advantageous in exploring previously

validated research, while continuing to explore new conflict themes unique to this study

population and research approach. The process of thematic analysis commenced through stages

(Figure 1) and included the generation of a research driven codebook (Table 2) prior to

evaluating the transcription data, development of data driven codes and finally a comparison

between these two coded transcripts for further analysis and theme generation.   As a concluding

step, a thematic analysis was conducted that considers density, outliers and a comparison

analysis of codes and developing themes.

Inductive Code Process
Initial code generation from transcripts

Deductive Code Process
Research driven codes applied to transcripts

Combined Theme Generation	
Combined analysis- Inductive/deductive coding	Theme generation

Thematic Analysis		
Density	Outliers	Comparison analysis
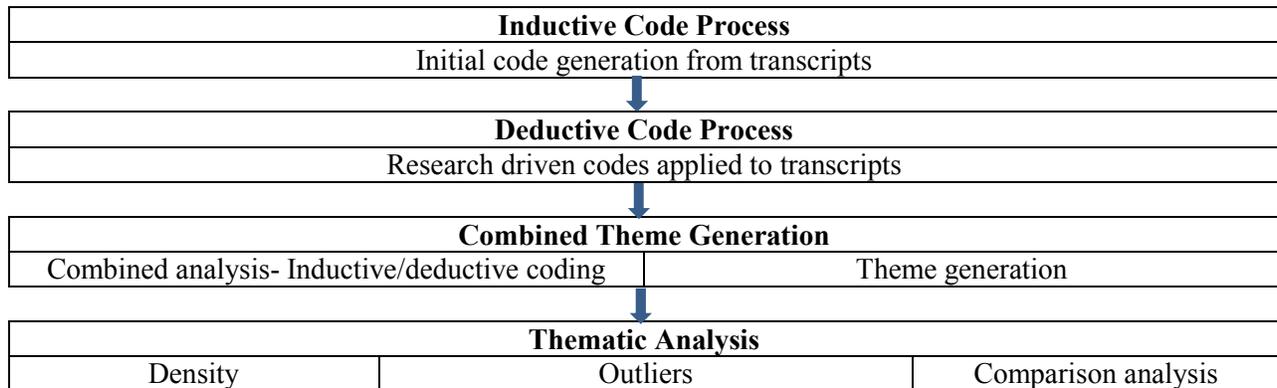
Figure 1: Inductive/Deductive Coding and Thematic Analysis Process

Research Driven Codes	Definition
Professional role boundaries	Professional scopes of practice and standards defined by a regulated health professional licensing bodies.
Role accountabilities	Accountabilities, responsibilities and practice standards defined by the health organization from which the health professional practices.
Trust	The development of a share reliance and support between individuals and/or within and organizational setting.
Power	The ability to influence others as individuals or within an organization.
Personal expectations	Individualized motives and beliefs that may guide personal behaviour.
Communication	The process of using word or behaviours to share information and express meaning.
Relationship conflict	A conflict arising from negative personal interactions between two or more people.
Conflict management style	The techniques used by individuals to manage and resolve conflict in the multidisciplinary team setting.
Process conflict	Conflict arising out of the controversies around how tasks within a team environment are accomplished.

Table 2: Research Driven Codes

NVivo 12 qualitative data analysis software ® was employed to facilitate the analysis of data collected from the facilitated focus group sessions. Audio recordings of the two focus group sessions were first manually transcribed into text and then uploaded into Nvivo 12 software for further coding and theme analysis. The transcription approach did not utilize a verbatim approach for every word spoken within the focus group sessions, but rather only verbatim transcription centered specifically on the opinions, thoughts and ideas shared by the participants with regards to conflict. It is acknowledged that the process of transcription was a learning experience for the researcher and that this focused verbatim approach was an acceptable strategy that balanced the need for accurate data collection that respected the participant's voice within the focus group sessions with the developing skill of transcription. Marshall and Rossman (2016) highlight that there are significant ethical issues that need to be taken into account to ensure there is an accurate representation of and respect for a participant's spoken word as it is translated into text and then analyzed. In addition, because the primary investigator is a seasoned experienced registered nurse, the context of what was spoken clinically as it related to multidisciplinary team conflict was strongly familiar and aided in the accuracy of representing the participant's voice. Once the transcription was complete and uploaded to NVivo 12 software, a comprehensive data analysis approach was initiated that was further supported and enriched by field note observations that were collected during the facilitated focus group sessions. These field notes consisted of documenting general themes and ideas that developed over the course of the session, highlighting specific quotes or comments and recording general group responses surrounding the discussion. The combination of the transcribed data and field notes to assist the research in data analysis provided complimentary findings with regards to the

experience of conflict for registered nurses working within multidisciplinary teams in an acute care setting.

Expected Outcomes

The purpose of this study was to further explore and gain an increased understanding of the unique individual experiences of conflict for registered nurses working within multidisciplinary teams. A qualitative approach was employed that consisted of purposive homogeneous sampling, focus group data collection and thematic analysis to better understand the richness of individual personal experiences with conflict. It was the goal of this study that these experiences be categorized into meaningful conflict themes common between all participants. Considering the limitations of current empirical studies and grey literature surrounding healthcare team conflict, additional exploration of the experiences of conflict by registered nurses should further inform future research and increase health care organizations insight and awareness moving forward. The results of this study will be disseminated publicly by Royal Roads University through their library system, to participants involved in the study at their request, and Alberta Health Services as a collaborative partner and research site. Identifying the factors that contribute to conflict within a multidisciplinary team is a significantly unexplored body of research that has traditionally lacked investment for health organizations in developing positive strategies and cultures that support the changes necessary to improve health delivery systems. Proposed outcomes of this study will include recommendations for future research that explores factors that contribute to conflict within multidisciplinary teams with the goal of expanding the current limited body of research, and the development of an organizational best practice tool/guideline that highlights and supports knowledge translation of the study findings to health care organizations and conflict management practitioners. Finally, the

researcher is committed to working in consultation with Alberta Health Services to develop and implement specific recommendations from the research findings to improve conflict management capacity in the organizational setting

Role as Researcher

Beyond being the primary investigator of this study, the researcher recognized their long-standing professional experience as a registered nurse in addition to a senior leadership role within Alberta Health Services required through consideration to ensure no undue influence towards study findings. As an experienced registered nurse, the researcher acknowledged the potential for carrying biases and opinions in relation to factors that contribute to conflict within multidisciplinary healthcare teams and between regulated health professionals. The researcher in their leadership role, experienced conflict in healthcare teams regularly and additionally acknowledges the importance of not allowing these experiences to unduly influence the study outcomes. In addition, as the primary researcher of the study, there was a commitment to ensure all participants that enrolled in the study were fully informed of the study purpose, risks and benefits before providing their consent to voluntary participate. Finally, the researcher recognized the responsibility to support all participants throughout their time in the study which may include providing additional information when requested, dissemination of study results to all involved and even support the withdrawal of participants based on their decision to do so.

Key Ethical Considerations

Beyond the already recognized potential for the researchers professional training and organizational leadership experience to bias and influence research findings, there was an additional acknowledgement of the potential influence the researcher's tenure within a senior leadership role within the health organization may play on study enrolment based on perceived

power and influence within that organization. It was reaffirmed that enrolling Registered Nurses to participate in this study must be voluntary and involve no coercion or perceived obligation on their part to be involved as an expectation of their employment with Alberta Health Services or association with my leadership role. As well, participant anonymity and confidentiality were built into all components of the study to ensure participants opinions and responses in conjunction with their involvement in this study were well protected. Another key ethical consideration identified was to ensure those participants that were interested were provided study outcomes information at its completion. Finally, because of the researchers role as both a senior leader within the health organization participating in the study and primary investigator, it was recognized as prudent to seek council from their Thesis committee and ethics boards when ethical issues that arose throughout the study's evolution and completion.

Study Limitations

Based on the qualitative approach and methodology chosen, the most significant limitation within this study is the generalizability of findings to the study population and community. Although registered nurses are an essential profession participating in multidisciplinary teams they do not represent all disciplines involved in multidisciplinary care in the acute care setting. This study intentionally supported a purposive homogenous sampling method to explore and better understand individual experiences of conflict within multidisciplinary teams within the specific regulated health profession lens of registered nurses. Thus, findings will not be generalizable to the entire community of regulated health professions. Additionally, even the findings of the registered nurses that did participate in the study should not been seen as transferrable or generalizable within their professional practice group. Based on the qualitative approach the main purpose of the study was to further explore the individual

experiences of conflict for registered nurses within a multidisciplinary team setting. Therefore, although generalizability and transferability of findings is an inherent study limitation in this and other qualitative research approaches it is one that should be recognized but not opposed.

Findings

The results of the data collection approach highlighted some substantial challenges in addition to key principles shared by participants while exploring the factors that contribute to conflict within multidisciplinary teams. Firstly, the planned approach to recruit registered nurses for this research study yielded a total of four participants over multiple focus group sessions. Regardless of these low enrolment numbers, the perspectives shared by this small group highlighted considerable agreement on a definition of what a multidisciplinary team consists of, and surprising flexibility on what constitutes a conflict experience. Finally, participant viewpoints were further analyzed and four key factors that contribute to conflict within multidisciplinary teams were identified. Thus, regardless of challenges experienced with the recruitment process, valuable content was yielded from participants to assist with exploring the factors contributing to conflict within multidisciplinary teams.

Recruitment

Through this study recruitment approach the following outcomes in response rate and participation in the focus group session were experienced (Table 3). Of the 1280 potential participants that received the study email directly from their frontline nurse manager, a total of 17 registered nurses (RN's) responded seeking further information on the research project. A total of two separate recruitment emails were cascaded to all registered nurses on the site approximately 4 weeks apart that yielded 10 responses on the first recruitment drive and 7 responses on the second. All 17 respondents met the study inclusion and exclusion criteria, and

agreed to participate in a focus group session based on their availability. Finally, three focus

group sessions were scheduled based on respondent's availability, which yielded a total of four

participants that attended and completed the scheduled focus group sessions. The participant

breakdown for these sessions was 3:1:0 for focus groups 1, 2, and 3 respectively.

Total Managers disseminating recruitment email	45
Total potential RN's at site receiving email	1280
Total RN recruitment responses to email	17
Participants that met study selection criteria	17
Respondents that agreed to participate in study	17
Total RN's that completed focus group sessions	4
Focus group 1 participant enrollment	3
Focus group 2 participant enrollment	1
Focus group 3 participant enrollment	0

Table 3: Study recruitment summary and outcomes

The four respondents that participated in the focus group sessions represented an

experienced registered nurse profile practicing in a variety of clinical settings within the site.

Participants' years of experience as a registered nurse ranged from 7- 32 years with a mean

average of 18.5 years and a total collective experience of 74 years between all four participants.

The participating registered nurses currently practiced in a variety of different clinical settings

(emergency, inpatient medicine and inpatient surgery) at the designated research site but

highlighted significant previous years of clinical experience in other settings both within and

external to acute care. Finally, all participants experienced conflict on multiple occasions while

working within multidisciplinary teams throughout their professional careers as a registered

nurse.

Multidisciplinary Team Discussion

Although participants practiced in a variety of different clinical settings, there was striking consensus on what a multidisciplinary team is and whom it is comprised of. Some participants acknowledged the majority of time in their own clinical setting were limited to interactions between nurses and physicians, but all participants agreed that a multidisciplinary team ideally should consist of various health care practitioners to best meet the needs of patients and that these providers would fluctuate depending on unique and individual patient requirements.

> Personally, I tend to think of people I see day in and day out and that tends to be physicians and nurses. I recognize there are other people but a lot of time it's just the physician and nurse. (Respondent 1)

In addition, many participants distinguished the importance of multidisciplinary teams working towards a shared and established goal of care for the patient. It was acknowledged that this shared goal might differ based on workplace, patient's needs, and composition of team members.

> A multidisciplinary team is comprised of various individuals with a variety of backgrounds and levels of experience coming together to work towards a common goal… working together for the same goal…which may differ from workplace to workplace. (Respondent 4)

Finally, some participants had an expanded perspective of the membership within multidisciplinary team that included individuals such as clerical staff, support services and leadership. This perspective was shared to highlight the importance of non-traditional health care roles and the benefit of positively impacting patient care when included as a member of a multidisciplinary team. Thus, participants agreed that multidisciplinary teams should ideally

consist of various health care practitioners that best meet the unique health care needs of patients through shared understanding and established goals of care.

Definition of Conflict

When participants were asked to define conflict and what it meant to them, all shared very unique and distinct perspectives of how they viewed conflict and what they felt was a conflict situation. Some participants saw conflict as any interaction in the day that causes a sticking point or breakdown between two people, while others felt that conflict only occurred at an escalated level when parties needed outside support to manage and find resolutions. The unifying factor from these two perspectives was the acknowledgement and importance of getting support for those conflicts that could not be resolved between multidisciplinary team members on their own.

> Sometimes I see conflict as more like the second step where we're beyond the breakdown…lots of day to day interactions that cause sticking points but when we can't resolve them ourselves that's when conflict evolves and requires someone else to resolve it. (Respondent 2)

Regardless of these differing interpretations and commonalities, participants identified with conflict as a typically negative interaction between two or more people. Some participants also suggested that their perceptions of conflict have evolved over time based on their years of experience and how they interpret and manage situations differently now compared to earlier in their career.

> Through your years of experience your perception of conflict changes… I think as you go through your career you stop personalizing things and go through self-actualization and

start valuing your own contributions. Sometimes then conflict bounces off you better than

a new grad. (Respondent 4)

Consequently, although participants had unique and adapting perspectives or what defined

conflict, there was a general consensus that conflict was defined as a negative interaction

between two or more people that required additional support for those conflicts that could not be

resolved between multidisciplinary team members on their own.

Thematic Analysis Approach

A hybrid approach to this thematic analysis process was employed that combines both

codes generated from research literature (deductive codes) and data generated codes from the

experiences of participants (inductive codes) that identified shared codes (deductive/inductive),

inductive code generation unique to the focus group data, and deductive codes not recognized in

the focus group data (Table 4). The four most prevalent codes in the focus group data

contributing to conflict within multidisciplinary teams were identified as team unity,

interprofessional expectations, relational conflict and communication. Three of these codes

originated from both the inductive and deductive coding approaches (team unity, relationship

conflict and communication) while a fourth code (professional expectations) was uniquely

identified by participant experiences in this study. The remaining codes, originating from both

combined approaches and uniquely driven previous research outcomes were eliminated from

further theme generation and analysis based on density and outliers. Thus, the four most

prevalent codes were advanced for further code analysis and theme generation.

Code origin	Code	Frequency
Inductive/Research driven	Team unity	20
Research driven	Professional expectations	16
Inductive/Research driven	Relationship conflict	15
Inductive/Research driven	Communication	9
Inductive/Research driven	Professional role boundaries	6
Inductive/Research driven	Process conflict	5
Inductive/Research driven	Trust	3
Research driven	Role accountabilities	0
Research driven	Power	0
Research driven	Conflict management style	0

Table 4: Combined inductive/deductive coding results by frequency

Code Analysis and Theme Generation

Team Unity. A lack of team unity was the most cited factor by focus group participants as contributing to conflict within a multidisciplinary team setting. In exploring this influence further, participants described conflict scenarios developing when common goals of team members were not aligned or there was no agreement by team members on a collective care goal. Multiple participants hypothesized that this misalignment of overall team goals can be a product of differing and competing care priorities of its multidisciplinary team members in relation to the individual patient and the larger system of priorities that surround the patient and team.

> Different disciplines have different opinions of care and common goal of the teams aren't aligned or agreed upon by everyone. They may feel they are being prevented from doing the job they way they should…as well as the shared bigger picture goals not being aligned. (Respondent 3)

Some participants also acknowledged the importance of flexibility between team members as an essential component to promoting multidisciplinary team collaboration. It was reasoned that

team goals can be re-established by better understanding the nuances of care as well as the ability

to be flexible to adapt those nuances towards a common end result overcoming a lack of team

unity. Because of this, participants acknowledged that conflict could arise within a

multidisciplinary team due to a misalignment or a lack of agreement on common team goals

between members; however, promoting flexibility between team members can overcome this

conflict and facilitate team collaboration.

Another factor placing a barrier between team unity emphasized by participants involves

conflicting priority settings that evolve between team members when patient care demands on its

members exceeds or challenged current available resources. In this scenario, conflict arises

when multidisciplinary team members are overwhelmed with current and immediate care needs

of multiple patients in a department of unit. Participants spoke about the challenge and need to

align not only the common goals within the multidisciplinary team, but also with regards to the

needs of the overall department or system that they are operating in.

> I have two patients here that I have to move and the physician may only be focusing on
>
> one of them so conflict develops when I need them to work faster. I need them
>
> (physicians) to decide because I have other things that I need to do, so it just a different
>
> perspective of what they find is important and other competing priorities that they have
>
> around them. Priorities aren't aligned with regards to the bigger picture. (Respondent 1)

In addition, it was noted that although increasing strain on resources may exacerbate conflict

between team members due to competing priorities and misaligned goals there comes a point

where the strain is so significant that conflict dissipates and team collaboration increases as a

coping mechanism. It was suggested by one participant that under these conditions, team

members identify and acknowledge the efforts of individuals' contribution to resolve the

immediate resource strain, which in turn creates a higher level of cooperation to address the

situation.

> I also wonder if it's the recognition that within your team you can't get any more from
>
> someone. You know that everybody's maxed out so conflict evaporates because we are
>
> so pushed over our threshold of being able to manage that we actually do manage better
>
> in those circumstances. (Respondent 2)

In summary when patient care demands on team members exceeds or challenges current

available resources conflict can occur due to a lack of team unity, but at a certain point where the

resource strain is so significant and members are perceived as providing maximum effort the

conflict dissipates and team collaboration increases.

Professional expectations. The second most prevalent factor identified by participants

as contributing to conflict within multidisciplinary teams involves the professional expectations

that health care practitioners direct towards their peers within the same and also differing

disciplines they work with. The logic behind this reasoning is that all healthcare providers

regardless of one's years of training or clinical experience should have a certain level of skill and

proficiency in their scope of practice. Participants noted that conflict develops when certain

professional standards (based on scope of practice and skillsets) of each profession expects of

others aren't being met and typically involves standards associated with seasoned experienced

practitioners being expected of developing or novice practitioners.

> Conflict arises when a physician is expecting a seasoned nurse and they're not getting
>
> that from a new nurse. Even though the scope of practice is the same, the ability to

utilize that scope of practice as a new nurse or in a new environment is different.

(Respondent 2)

In this scenario, professional expectations create conflict within multidisciplinary teams when

there is an assumption that identical heath care practitioners operate under the same scope of

practice but do not take into consideration that their skill development and performance may be

vary depending on their professional experience. One participant statement emphasizes this well;

> I do see the conflict in terms of the physician approaching me saying what are you
>
> teaching these nurses. A brand-new nurse will have the same scope of practice as a nurse
>
> that has been working 15 years but they are at different stages in their skill development
>
> and how they handle the department. (Respondent 3)

Thus, participants identified professional expectations between health care practitioners as a

significant factor contributing to conflict within multidisciplinary team when certain professional

standards based on scope of practice and skillsets that each profession expects of others aren't

being met, not taking into consideration that individual skill development and performance may

vary depending on their professional experience.

An additional observation that all participants noted was the prevalence of conflict arising

out of the professional expectation that nurses have of each other. Participants described

situations where seasoned experienced nurses had disproportionate professional expectations of

both new graduates and even experienced nurses adjusting to a new clinical environment.   A

number of participants used the term "nurses eating their young" to identify situations where

nurses entrenched within a clinical setting had unreasonably high expectations of the skill level

and ability of newer incoming nurses regardless of their experience. One participant articulated the factors surrounding this conflict in the following way;

> I think the novice nurse that comes into this environment responds differently to resource strain as compared to the seasoned nurse…if there working with someone in their group that feel the new grad isn't pulling their weight and the others have to do more work themselves that causes conflict. (Respondent 2)

Some participants commented that they felt the professional expectation that nurses have of each other were to a higher standard and more frequent in the workplace then as compared to nurses' expectations of other health professions. Participants reasoned that this is because nurses have a comprehensive understanding of their own scope of practice and how it translates to clinical competence versus other disciplines. In summary, it was identified that conflict caused by a nurse's professional expectations of other nurses was a more frequent occurrence in the workplace that imposed higher standards of competence as compared to expectations of other health professionals.

Relationship conflict. The third most prevalent factor identified by participants contributing to conflict within a multidisciplinary team surrounds the concepts of the interpersonal factors influencing relationships between team members. A number of participants acknowledged the importance of developing interpersonal and professional relationships that are based on the mutual respect and the valuing of other team member's roles, clinical opinions and expertise. The term ego was used by all participants to describe individuals who puts their own priorities ahead of other team members by disrespecting and devaluing others contributions.

> Like sometimes it could be just a difference of opinion but it goes beyond that when you
>
> don't respect the other person's opinion or role. That to me is conflict. Sometimes
>
> conflict can arise because some people feel that the work they do is more important than
>
> other people's work. And good or bad they have egos and people forget to check them at
>
> the door when they come in. (Respondent 4)

In addition, other participants acknowledge that conflicts that evolve from interpersonal factors,

are sometime simply an outcome of "personality clashes" where some individuals are just better

at establishing relationship and collaborating than others. One participant shared their belief that

everyone has a unique approach to building relationships based on their own personality, with

some individuals being more prone to developing interpersonal conflicts and that we need to

accept the strength of one's own personality and look for other strategies that can be used to

diffuse the situation.   Participants all agreed that one such strategy to reduce relationship conflict

in the workplace was to establish stronger connections with individuals that promote a more

personal rapport.

> Getting to know people in general …not just in your role but who you are as a person is
>
> helpful. It's hard to have true all out conflict with someone you know on a personal level
>
> and respect. Versus I don't know you so there is a level of conflict I am comfortable with
>
> here. (Respondent 1)

Thus, participants identified that conflicts arise within multidisciplinary teams when individuals

place their own priorities ahead of other team members, disrespecting and devaluing others

contributions in the process, but that this conflict can be reduced by establishing stronger build

meaningful rapport beyond just the roles that health care professionals represent.

Communication. Communication was a fourth factor identified by participants

contributing to conflict within multidisciplinary teams. Participants acknowledge the importance

that communication plays when interacting both in a team environment or individuals by

highlighting personal experiences that emphasize respectful two-way communication and the

natural barriers that need to be considered when health care professionals are educated and

trained within different paradigm. Some participants shared experiences where a breakdown in

communication was a catalyst for conflict because of a lack of or unwillingness to listen in an

authentic way to other opinions and instead promote entrenched views of their own. One

participant described this interaction in the following way;

> I think conflict is a breakdown of communication and it's just when two individuals stop
>
> listening to each other. When people aren't talking with each other but rather at each
>
> other with discourse, animosity develops. In discourse no one is listening to each other
>
> because they have firmly held beliefs. (Respondent 1)

Additionally, participants also recognized natural communication barriers that can occur between

differing health care disciplines based on their unique paradigm of training and approaches to

patient care. It was argued that this creates unique communication patterns anchored between

different professions and provides additional challenges to the already variable approaches that

individual communication patterns deliver.

I think that it's interesting in the way that RN's are taught to think and communicate and

deal with conflict as opposed to different multidisciplinary team members… and that we

also have different communicating styles that vary between person to person as well.

How well every is one willing to communicate and listen determines whether conflict

happens. (Respondent 2)

In summary, participants recognized that conflict could develop through communication barriers

when respectful two-way communication supporting authentic listen and the natural barriers

created between differing health care disciplines based on their unique paradigm of training and

approaches to patient care aren't taken into consideration.

Summary of findings. Further analysis of the data from participants surrounding the

factors that contribute to conflict within multidisciplinary teams formulated the following themes

(Table 5). These themes were generated based on the four key coding concepts most prevalent

in the focus group discussion.

Theme	Definition
Team discordance	Lack of consensus on priority setting and common goals between team members
Professional expectation	The assumptions surround the skills and proficiencies that health care professional should possess based on their scope of practice
Relational conflict	Barriers created by personality differences or a lack of mutual respect between individuals
Communication barriers	Discord between individuals or groups involving a lack of authentic listening and meaningful supportive dialogue between participating individuals

Table 5: Conflict themes identified by study data

Discussion

Recruitment

Examining the low response and recruitment rate for this study highlighted some significant challenges that may have attributed to the low yield of registered nurses who completed the focus group sessions. Firstly, the timing of this study's recruitment strategy in regards to annual calendar activities may have been poorly planned with the original recruitment email being distributed in August and the second in early September. This may have excluded potential participants that were on summer vacation from responding to the recruitment email in a timely fashion. Secondly, it was acknowledged that nurses within the health system traditionally operate on mixed rotations to provide 24 hour a day health services to the public. As this study was committed to ensuring that no clinical services would be impacted in it approach, registered nurses were asked to volunteer their time outside of work hours. This created challenges with attempting to schedule focus group sessions based on a candidates availability. Notably, out of 17 respondents who met the inclusion and exclusion criteria only four completed the focus group sessions. Finally, the very nature of this study requiring registered nurses to volunteer their time outside of their work schedules may have been the most significant barrier to recruitment overall. Registered nurses work in health care environments that consistently support continuing education opportunities and skill enhancement for staff through their work roles and existing work schedules. Mandating registered nurses to participate outside of this traditionally established approach may have been one of the most significant barriers to recruitment. It has been noted that recruitment of nurses to participate in research studies can be challenging with greater success being linked to creating protected time for nurses within their existing professional commitments (Hagan & Walden, 2017; Luck, Chok & Wilkes,

2017). In addition, implementing multiple different recruitment strategies in one single study has been shown to increase participant levels (Luck, Chok & Wilkes, 2017). Thus, the timing of the research and window of recruitment, combined with the volunteer approach outside of working hours, and the singular recruitment strategy may have all contributed to the unexpected low yield of participant enrolment.

Sample Size

The sample size collected for this study continues to support the original study goals of an exploratory approach under a qualitative framework to better understand individual experiences of conflict within multidisciplinary teams. Marshall and Rossman (2016) argue that exploratory research methods are typically best employed in unexplored areas of inquiry to collect information to expand the body of knowledge and inform future research opportunities. The objective of this research was to explore unique individual experiences, multiple perspectives and complexity of interactions contributing to conflict between regulated health professionals within multidisciplinary teams. Purposeful homogeneous sampling was successfully employed albeit with a lesser sample size than originally proposed, that one could argue doesn't provide the necessary depth of multiple perspectives to allow for a comparative analysis, validation and identification of themes that a larger sample size potentially could provide. In addition, Golafshani (2003) highlights that in qualitative research the value of testing for validity and reliability of data intensifies related to the generalizability of findings. However, if the goal of the research was exploratory in nature one could argue that the small sample size and the subsequent challenges related to validity and reliability may not be as compelling. Thus, within the context of a qualitative exploratory approach it is maintained that the small sample

size, although not ideal, continues to support the main research study goals of exploring individual perspectives of conflict within a multidisciplinary team setting.

Representativeness

Considering the exploratory nature of the study and limited number of participants, an examination of the representativeness of the findings could assist with interpreting the value of the identified issues and themes within the focus group sessions. Bechhofer and Paterson (2000) argue that the concept of representativeness is not gauged by whether a sample is representative of the population being studied, but rather if the observations of the research are representative of the findings the researcher is claiming to study. Thus, the exploration of representativeness is not to clarify whether the participants in this study are representative of the larger population but whether the issues identified by such a small sample could still be representative of and resonate with a larger group of registered nurses if they had participated in the study. Firstly, it is important to recognize that the four participants' collective experience total over 72 years, and all participants had significant front line leadership and mentoring experiences within their careers and in multiple different clinical settings. Consequently, the registered nurses participating in this study were extremely seasoned practitioners in well-established careers of practice that provided a richness of experiences to draw from when exploring the factors that contribute to conflict within multidisciplinary teams. One could argue that the seasoned insights provided by these experienced nurses may have counterbalanced the smaller sample size by providing just as many reflective experiences as a larger group of less experienced nurses may have produced. Secondly, the richness of participant experiences highlighted a significant understanding and astuteness of the larger organizational and systemic issues surrounding and contributing to conflict. Participants identified complex system issues such as resource strain,

competing priority setting and clinical decision-making urgency as areas contributing to conflict within a multidisciplinary team. These insights on how organizational system pressures contribute to conflict at the patient level requires complex knowledge and understanding that typically comes from developed experience over time of which a less experienced nurses may typically not have acquired. Conversely though, having extremely seasoned registered nurses with significant conflict experience participating in this study may have displaced the voice of the developing but competent registered nurses' perspective.   The inability to collect insights surrounding conflict from young developing nurses may have been a missed opportunity in this study highlighting potential differences in how developing nurses perceive conflict within multidisciplinary teams as compared to their more experienced nursing peers. Thus, although it would be impossible to definitively argue that the small number of significantly experienced participants in this study provide insights that were representative or not of the larger Registered Nursing population, one should acknowledge the complexity of understanding and wisdom that the years of experience of the participants did provided to the study conversations and findings.

Conflict within an Organizational Context

Participant's perspectives on conflict, although adaptive to distinctive clinical circumstances, highlight the negative nature of conflict as an interaction and the need for additional organizational support to resolve those conflicts that could not be resolved between multidisciplinary team members on their own. These viewpoints around conflict and the need for additional organizational support have been well recognized in the current conflict research literature. Brown et al (2011) identified the importance of developing conflict resolution protocols to aid healthcare teams in managing conflict situations and recognized the importance of providing leadership support within the organization to further negotiate and resolve the

conflict if escalated. This is further supported by Almost et al (2016) and Hetzler and Record (2008) who have both acknowledged a critical need and obligation for health care organization to implement a conflict management structure to decrease conflict barriers within multiple levels of the organization and improve patient care. These findings align with the study outcomes where all four participants recognized the importance of developing the skills necessary to resolve day-to-day conflicts that happen frequently, but recognized the importance of escalating a conflict to a leadership level within the organization when needed. Interestingly, Gelfand et al. (2012) additionally argued that a leader's style of conflict management (collaborative, avoidant or dominating) will influence and subsequently generate the same (collaborative, avoidant and dominating) conflict cultures within the programs and services that they oversee. Thus, although it is critically important for an organization to build conflict management capacity through the development of conflict resolution protocols, staff education and a process for escalation; it is also imperative that leaders in the organization demonstrate best practice for conflict management strategies themselves. In summary, participant acknowledgement of the need for additional organizational support to resolve conflicts through conflict resolution protocols, staff education and a process for escalation have all been validated in the conflict literature which additionally stresses the important effect that a leaders own conflict manage approach can positively or negatively have on conflict culture within their staff and programs.

Themes

Team discordance. Further exploration of the concepts shared by participants around team discordance highlighted the interrelated and overlapping features surrounding participant's perceptions of multidisciplinary teams in particular and collaboration in general. The critical elements of team discourse identified in the findings revolve around the inability of team

members to align or gain consensus on team goals. It was noted that team goals further become

misaligned when priorities of individual team members or forces in the bigger system aren't

address through flexibility and collaboration, causing and potential conflict to develop between

team members. Greer, Saygi, Aaldering, and de Dreu (2012) argued that conflicts involving

logistical issues in teams characteristically involves resource control and may be extremely

harmful to team outcomes because they are typically connected with roles and reputations of

team members. The importance of aligning common team goals was also supported by

participants when they were asked to define what constitutes a multidisciplinary team early on in

the focus group session. Here, there was consensus that a multidisciplinary team should ideally

consist of varied and fluctuating health care practitioners that best meet the needs of the unique

and individual patient requirements working toward a shared and established goal of care. Thus,

the importance of maintaining team goals and minimizing competition within the

multidisciplinary team is reliant on the flexibility and collaboration of its individual's members.

This perspective aligns well with previously cited research that underlines the benefits of

multidisciplinary team collaboration as a strategy that better meets the changing needs of patients

by effectively promoting a patient focused approach (Epstein, 2014; Sierchio, 2003; Virani,

2012), enhances the development of team unity between members (Baxter & Markle-Reid, 2009;

Petrie, 2010; San Martín-Rodríguez, Beaulieu, D'Amour, & Ferrada-Videla, 2005), improves

team effectiveness and outcomes (Woodland & Hutton, 2012). In summary, team discordance

was identified as one of the most common themes contributing to conflict within a

multidisciplinary team setting and the importance of aligning common team goals through

collaboration to reduce competition and conflict between members.

Professional expectations. A notable and somewhat unexpected finding of this research

revolves around the professional expectations that health care practitioners direct towards team

members surrounding the skills and proficiencies an individual should possess based on their

scope of practice. Professional expectations create conflict within a multidisciplinary team when

there is an assumption that heath care practitioners operating under identical scopes of practice

will perform similarly regardless of their years of experience or skill development.   In this

circumstance, the findings show a disproportionate expectation that novice developing health

care practitioner will operate at the same proficiency as season experienced practitioners. It was

also noted that if the professional expectations originated from an individual within the same

profession, even higher standards of skill and proficiency were imposed more frequently than if

the individual was from a different heath care profession.   One study by Leever et al. (2010) did

identify expectations of colleagues as a factor contributing to conflict in health care teams but

this was in relation to protecting the professional boundaries of practice between differing health

professions and not the unique expectation of high performance within a specific scope of

practice discussed by study participants. Additionally, although there is research examining role

clarity and scopes of practice as it relates to conflict within multidisciplinary teams (Almost,

2016; Brown et al., 2011) and even the importance of improving collaboration within teams by

recognizing the unique clinical boundaries each practitioner must operate under (Bookey-Bassett

et al, 2017; Petrie, 2010), the conflict identified and arising from professional expectations is one

that is not present in the current research literature and would benefit from further exploration.

 In summary, professional expectations that health care practitioners direct towards a team

members skills and proficiencies and based on their scope of practice is a unique finding of this

research and warrants further examination in order to validate and better understand this

contributing conflict factor within a multidisciplinary team setting.

Relational conflict. The shared experiences of participants notes that barriers created by personality differences or a lack of mutual respect between individuals can create relational conflict within multidisciplinary teams member, but enhancing interpersonal and professional relationships through mutual respect and the valuing of member's contributions to the team will reduce the incidence of conflict. Empirical research exploring intragroup conflict outside of the health care setting has validated similar findings, emphasizing the negative influences of relationship conflict on team performance while identifying the benefit of elevated team level trust to encourage individuals to better identifying with team goals and objectives (Chun & Choi, 2014). Importantly, Chun and Choi (2014) highlighted that relationship conflict between team members shifted a conflict away from engagement and cooperation towards a focus on interpersonal problems that typically increases stress and emotional strain. Alternatively, a considerable body of research has concentrating on the connection between power as a central concept and influencer of relational conflict in both intragroup and intergroup settings (Dovidio, Saguy, & Shnabel, 2009; Janss, Rispens, Segers, & Jehn, 2012; Thistlethwaite, 2015). Although power was not identified as a significant factor contributing relational conflict within a multidisciplinary team in the findings of this study, the importance of relational conflict overall was certainly identified as a significant element contributing to conflict within a multidisciplinary team.

Communication barriers. The data collected from participant's highlights communication barriers as an additional and frequent factor creating conflict within multidisciplinary teams. Participants highlight that conflict developing from communication barriers is the result of a lack of authentic listening and meaningful supportive dialogue between participants or within a larger group. This finding and the importance that communication plays

as an essential component to resolving conflict and enhancing positive outcomes has been

extensively explored in the research literature (Almost et al., 2016; Hetzler & Record, 2008;

Rothmans, 2014; Leibbrandt & Sääksvuori, 2012). Bishop, Picard, Ramkay and Sargent, (2015)

asserted that good communication patterns produce shared meaning and understanding between

individuals but are influenced by our differing personalities, cultures, education and life

experiences. As well, Abigail & Cahn (2011) argued there is a distinction between

communication skills (learned behaviours that produce desirable results) and communication

competence (merging knowledge of conflict theory, skills and practice) in conflict management

in relation to communication. Further findings of the data centered on the recognition by

participants of natural communication barriers that occur between differing health care

disciplines based on their unique paradigm of training and approaches to patient care. The

premise behind this observation is that each health discipline is taught from a unique shared

understanding of values and assumptions within their professional roles that in turn promote a

distinctive approach to communication and information sharing that may create natural

communication barriers with other health disciplines. The evolution of professional cultures has

been identified (Hall, 2005) as a significant factor contributing to the reinforcement of common

values, problem solving strategies and socialization that can all affect the language and

communication approaches of each health profession. In addition, others have recognized the

importance of interdisciplinary education opportunities as a means to break down

communication barriers between health professional and improve collaboration (Bookey-Bassett,

Markle-Reid, Mckey& Akhtar-Danesh, 2017; Johansson, Eklund, K., & Gosman-Hedström,

2010; Petrie, 2010; Young et al, 2011). Although no further data was collected to provide a

deeper understanding of the potential variables or impact that unique professional cultures

contribute to the development of communication barriers, future research could benefit from

further exploration of this identified factor. In summary, conflict developing from

communication barriers as a result of a lack of authentic listening and meaningful supportive

dialogue between participants is well founded and supported in the literature while

communication barriers resulting from differing health care disciplines unique paradigm

approach are less well established in the literature and would benefit from future exploration.

Additional Findings

An observation worth noting within the study findings highlight that other factors

contributing to conflict previously cited in the conflict literature such as professional role

boundaries and accountabilities, power, trust and even process conflict were less prevalent or

absent in focus group discussions.   There is significant conflict literature exploring the

relationships between power (Dovidio, Saguy, & Shnabel, 2009; Janss et al., 2012;

Thistlethwaite, 2015), trust (Chan et al., 2014; Han & Harms, 2010; Jayasuriya, Harris &

McDonald, 2012) process conflict (Dovidio, Saguy, & Shnabel, 2009; Jenh, 1997) and role

boundaries/accountabilities (Brown et al., 2011; Jones, 2006) as factors that contribute to conflict

within a group or team setting. Considering the low sample size and overall study structure

supporting an explorative research approach, it would be difficult to have drawn any practical

conclusions related to the frequency or lack of discussion related to these previously identified

factor beyond the recommendation to validate these findings with a larger scale study containing

a more generalizable and substantive sample size. In addition, the recognized seasoned

experience of the registered nurses participants may have underrepresented the insights and

perspectives of the novice or developing registered nurses and their experiences with conflict.

Lang and Taylor (2000) acknowledge the transition from novice to experienced practitioner

involves expanding an individual's professional competencies by merging theory with developing skills over time. Thus, a practitioner's competence and approaches to practice are influenced by learned experiences over time and can be a powerful tool to transform how Registered perceives and manage conflict over their developing careers. In summary, although there was a lack of data in this particular study to support some previously validated factors contributing to conflict, the existing small sample size and seasoned experience of participants dictates that a future study with more generalizable findings would be a recommended next step.

Conclusion

As Canadian healthcare organizations experience increasing challenges to expand their provision of health delivery under extreme cost pressures and failing infrastructure, significant collaboration and partnerships from all levels of the health care organization is required to be successful. As such, multidisciplinary teams should be explored as key stakeholders to assist with this type of transformation as they have been proven to be effective at promoting system changes through innovative practices that improve the quality and delivery of patient a care. In addition, the ability to successfully manage conflict between multiple health care professionals with varying priorities, responsibilities and associations relative to the healthcare organization is essential to effectively support transformation in the healthcare system and ensure stakeholders are invested in and supportive of a common approach. Thus, there is significant importance to further explore the factors that contribute to conflict within multidisciplinary healthcare teams to further support the changes necessary to improve our health delivery systems.

Examining the factors that contribute to conflict within a multidisciplinary team is a significantly unexplored body of research that has traditionally also lacked investment for health organizations to aid them in developing positive strategies and cultures that support the changes

necessary to improve health delivery system. A review of the current conflict literature highlights limited empirical research exploring conflict within a multidisciplinary health care team setting, more abundant but less generalizable research on team conflict outside of the health care setting and consequently a lack of translation of research findings into clinical practice and policy to support conflict prevention and management within the healthcare as a whole. Thus, this research study set out to further explore the factors that contribute to conflict within a multidisciplinary team, expanding the current limited body of research, and aide in the development of an organizational best practice tool/guideline to better support health care organizations and conflict management practitioners.

A qualitative approach, falling within the constructivist worldview and with an exploratory lens was employed for this study that invited registered nurses to share their experiences of multidisciplinary team conflict through the use of facilitated focus group sessions. The study approach consisted of purposive homogeneous sampling, focus group data collection, and thematic analysis to better understand the richness of individual and personal experiences with conflict in a multidisciplinary team setting. Experiences were categorized into meaningful conflict themes common between all participants whereby further analysis and discussion was explored. Finally, this study was conducted at a large metropolitan acute care health facility to aid in supporting the research question of "What is the experience of conflict for registered nurses working within multidisciplinary teams in an acute care setting?"

Four main themes were identified by participants contributing to conflict within a multidisciplinary team in an acute care setting. First, team discordance identified the importance of aligning common team goals through collaboration to reduce competition and conflict between members. Second, profession expectations and the assumptions surrounding the skills

and proficiencies that health care professional should possess based on their scope of practice were identified as another significant conflict theme. Third, relational conflict was highlighted as additional barrier creating conflict through personality differences or a lack of mutual respect between individuals. Lastly, communication barriers were identified as creating discord between individuals or groups through a lack of authentic listening and meaningful supportive dialogue between participating individuals. All participants in the study supported these four themes through significant consensus.

A low recruitment rate followed by a subsequently smaller than anticipated sample size (although continuing to support the original study goal of expanding the current limited body of research) provided limited validity and reliability to aide in the development of an organizational best practice tool/guideline to better support health care organizations. As the primary goal of this study was exploratory in nature and intended to expand the current body of knowledge, not generalizability of findings, the smaller sample size and research methodology pursued continues to support this main study objective. However, the development of an organizational best practice tool/guideline requires findings that are considerably more generalizable, which in turn require an increased sample size to ensure both validity and reliability of findings to the larger population of registered nurses to be transferable. Therefore, the data collected from this study should be viewed from an exploratory lens only, achieving the goal of expanding the current body of research surrounding conflict within a multidisciplinary team with the hopes that future researchers will benefit from the study approach and findings and continue the exploration of conflict within the healthcare team setting.

Recommendations

Recommendations for future exploration into conflict within the health care setting in general and multidisciplinary teams in particular can be drawn from both the study findings and the current research literature. First, there is a significant opportunity for health organization to develop an organizational conflict management structure that includes conflict resolution protocols to better support front line staff, and additionally a conflict management education program for staff and leaders to promote a best practice approach to conflict resolution. Both the findings of this study and previous conflict research have identified that a multi-level approach to managing and mitigating conflict in healthcare settings is essential because the responsibility of building a culture that is not conflict adverse rests with all organization's leaders, managers and practitioners to promote it. Therefore, it is important for health care organizations to understand the factors that contribute to conflict, and because these conflicts arise at multiple levels within the system all organizational stakeholders must be engaged to effectively build conflict management strategies and culture. Second, further research is recommended to validate the main themes of this study (team discordance, professional expectations, relational conflict, and communication barriers) that were identified as contributing to conflict within multidisciplinary teams. Future research that focused on acquiring a larger sample size of the study population and more generalizable findings may be beneficial in validating these current and previously identified findings in the research literature. In addition, this study focussed exclusively on the registered nurse's perception of conflict within multidisciplinary teams and there may benefit to expand that lens with research to include other health care discipline perspectives. Finally, a unique finding of this study identified the concept of professional expectations as a significant factor contributing to conflict within a

multidisciplinary team and warrants further exploration on its own as a potentially distinctive element of conflict within the health care setting. In summary, recommendations from this study highlight the opportunity for health care organization to invest in the development of organizational conflict management structure, additional research to further validate the exploratory findings of this study and further explore the unique concept identified in this study surrounding professional expectations.

Understanding how conflict evolves within differing organizational contexts is an important and essential first strategy for health care organizations in building a conflict management structure and requires engagement of stakeholders from all levels of the organization to be successful. Organizational conflict, although traditionally not focused on the health care setting, has been a significant focus for conflict management practitioners and organizational alike as a strategy towards generating organizational capacity and improve efficiencies and outcomes.   It is the researchers hope that the findings from this study combined with the researcher's recommendations will provide a catalyst towards further conflict research within the health care setting.

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Appendix A

Introductory Research Study Email

You are invited to participate in a research study that explores conflict within multidisciplinary teams in the acute care setting.

<u>TITLE:</u> **Exploring Conflict in Multidisciplinary Health Care Teams in the Acute Care Setting**

ROYAL ROADS UNIVERSITY

INVESTIGATOR: Rod Iwanow, RN, BN, Masters of Arts in Conflict Analysis and Management student and Director of Primary Care, Alberta Health Services, Calgary Zone Contact information: Phone XXX XXX XXXX

The purpose of this research study is to explore the factors that contribute to conflict within multidisciplinary healthcare teams and between regulated health professionals. This study is based on a qualitative phenomenological research approach that invites Registered Nurses to share their experiences of multidisciplinary team conflict in a focus group setting.

If you agree to enrol in this study you will be asked to participate in one group discussion lasting approximately 90 minutes with other Registered Nurses. This group discussion may involve up to 10 people and be facilitated by the researcher outside of regular work hours. At this group session you will be asked to share your experiences surrounding conflict in multidisciplinary teams and explore what you perceive are the factors that contribute to this conflict and their effects. As this is a group setting other participants will hear your experiences, thoughts and opinions just as you will hear theirs.   The research facilitator will use guiding questions to prompt discussion and will be taking notes on what is said and a recording of the session discussion. Recording the session will involve taping conversations with a digital voice-recording device. At the end of the 90 minutes group session your participation in this study will be complete although a researcher may contact you in a rare circumstances if we need to seek clarification on what has been stated in the discussion to ensure we accuracy.

The risks of participating in this study relate to the disclosure of your personal experiences and thoughts concerning conflict with others participants in the group setting. To minimize this risk the group session facilitator will reinforce with all participants the importance of respecting a participant's privacy and confidentiality.

Participation in this study is completely voluntary and you may withdrawal from the study at any time.   Whether you choose to participate or not will have no effect upon your employment or advancement within Alberta Health Services.

Due to the nature of the study data collection method the information you have shared up until the point of your withdrawal will be preserved as part of the research study, cannot be removed and will contribute to the overall data collection and analysis of the study. However, no further involvement will be required on your part if you choose to withdrawal. All data collected during this study (recordings, contact info, copies of consent forms) will remain confidential and be kept in a secure environment that only the researchers and authorize representatives of Royal Roads University will have access to for the purpose of completing this research project.

As stated earlier, because you will be participating in a group setting other participants will hear your experiences, thoughts and opinions just as you will hear theirs. But once the group sessions are complete the data analysis will de-identify your personal information to ensure that no names of participants will appear on any final documentation or reports whether they are published or unpublished.

If you are interested in participating in this study, have a minimum of one year work experience as a Registered Nurses in the acute care setting and have experienced conflict within a multidisciplinary team please respond to the email contact below to obtain more information and/or next steps on how you can participate.

<div align="center">Rod Iwanow: email</div>

Thank you for your consideration.

University of Alberta Ethics ID; XXXXXXX

Appendix B

Research Study Consent Form

This informed consent form is for regulated health professional working in Alberta Health Services Calgary Zone participating in the research study "Exploring Conflict in Multidisciplinary Health Care Teams in the Acute Care Setting".

TITLE: Exploring Conflict in Multidisciplinary Health Care Teams in the Acute Care Setting

ROYAL ROADS UNIVERSITY

INVESTIGATOR:
Rod Iwanow, RN, BN,
Masters of Arts in Conflict Analysis and Management student
Contact information: Phone XXX XXX XXXX

ACADEMIC SUPERVISOR:
Dr. Eva Malisius, Associate Professor,
Graduate programs, School of Humanitarian Studies, Faculty of Social and Applied Sciences
Royal Roads University
Contact information: Phone: XXX XXX XXXX

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any accompanying information. You will receive a copy of this form for your records.

Additional questions can also be directed to the Royal Roads Research Ethics Board at:
XXX XXX XXXX

Questions regarding one's rights as a research participant should be directed to the University of Alberta Research Ethics Office at XXX-XXX-XXXX.

BACKGROUND

To build more effective health systems, healthcare organizations and the teams working within them need to work collaboratively to provide seamless, coordinated and integrated care for patients and their families. One barrier to this essential team based care is ability to successfully manage conflict between multiple team members with varying priorities, responsibilities and associations relative to the healthcare organization. Understanding how conflict is experienced by health care professionals in a multidisciplinary team will be helpful in identifying opportunities to reduce conflict and better support collaborative team based care.

This study is based on a qualitative phenomenological research approach that invites Registered Nurses to share their experiences of multidisciplinary team conflict in a focus group setting of 3-10 participants. Through a facilitator, and guided by semi-structured questions, participants will be asked to describe and share their experiences of conflict. Up to a total of five separate registered nurse focus groups will be conducted and data collected from each will be analyzed and compared for similarities and differences.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this research study is to explore the factors that contribute to conflict within multidisciplinary healthcare teams and between regulated health professionals.

WHAT WOULD I HAVE TO DO?

The researchers of this study invite you to participate in this research. If you agree to enrol in this study you will be asked to participate in one group discussion lasting approximately 90 minutes with other Registered Nurses outside of regular work hours. This group discussion may involve up to 10 people and be facilitated by the researcher. At this group session you will be asked to share your experiences surrounding conflict in multidisciplinary teams and explore what you perceive are the factors that contribute to this conflict and their effects. As this is a group setting other participants will hear your experiences, thoughts and opinions just as you will hear theirs. The research facilitator will use guiding questions to prompt discussion and will be taking notes on what is said and a recording of the session discussion. Recording the session will involve taping conversations with a digital voice-recording device. At the end of the 90 minutes group session your participation in this study will be complete although a researcher may contact you in a rare circumstances if we need to seek clarification on what has been stated in the discussion to ensure we accuracy.

WHAT ARE THE RISKS?

The risks of participating in this study relate to the disclosure of your personal experiences and thoughts concerning conflict with others participants in the group setting. Participants that disclose situations of conflict which have caused or are currently causing significant distress for a participant will be offered further support outside of the group setting in the form of navigation to appropriate AHS support services. In addition, we cannot guarantee others in the focus group will maintain the confidentiality of what is discussed. However, to minimize this risk the group session facilitator will reinforce with all participants the importance of respecting a participant's privacy and confidentiality.

WILL I BENEFIT IF I TAKE PART?

If you agree to participate in this study there may or may not be a direct benefit to you. The information we get from this study may help us better understand the factors that contribute to conflict in a multidisciplinary team setting and identify possible strategies to manage conflict in the future.

DO I HAVE TO PARTICIPATE?

Participation in this study is completely voluntary and you may withdrawal from the study at any time.   Whether you choose to participate or not will have no effect upon your employment or advancement. Please notify the research facilitator of the group session if you choose to withdraw, or the investigator identified on this consent form.

Due to the nature of the study and the data collection method used the information you have shared up until the point of your withdrawal will be preserved as part of the research study, as it cannot be removed and will contribute to the overall data collection and analysis of the study. However, no further involvement will be required on your part if you choose to withdraw.

WHAT ELSE DOES MY PARTICIPATION INVOLVE?

No other participation in this study beyond the one 90 minute group session will be required. In rare circumstances researchers may seek to contact you to clarify comments that you made during the group session.

WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?

You will not be paid for your participation in this study. However costs associated with participating such as parking will be reimbursed.

WILL MY RECORDS BE KEPT PRIVATE?

All data collected during this study (recordings, contact info, copies of consent forms) will remain confidential and be kept in a secure environment that only the researchers and authorize representatives of Royal Roads University will have access to for the purpose of completing this research project.

As stated earlier, because you will be participating in a group setting other participants will hear your experiences, thoughts and opinions just as you will hear theirs. But once the group sessions are complete the data analysis will de-identify your personal information to ensure that no names of participants will appear on any final documentation or reports whether they are published or unpublished.   Direct quotes may be used to emphasize "general conflict themes" shared in the

focus group setting but no quotes will be used if there is a possibility that a participant's identity could be recognized.

Data collected during this research study will be maintained in a secure database for up to three years. After this timeframe it will be destroyed. Any future use of this research data during the period prior to destruction is required to undergo review by a Research Ethics Board."

Finally, we would be happy to provide you with a summary of our research findings once they are completed.

IF I SUFFER A RESEARCH-RELATED INJURY, WILL I BE COMPENSATED?

Because this study approach is at minimal risk to participants no compensation will be provided to you. You still have all your legal rights. Nothing said in this consent form alters your right to seek damages.

CONFLICT OF INTERESTS

The primary investigator of this study is a registered nurse in a leadership role with Alberta Health Services with a keen interest in better understanding how conflict is experienced within multidisciplinary teams. However, no undue impact or conflict of interest with regards to the implementation of this study or its findings is anticipated.

SIGNATURES

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a participant. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time. If you have further questions concerning matters related to this research, please contact:

<div align="center">Rod Iwanow (XXX) XXX XXXX</div>

If you have any questions concerning your rights as a possible participant in this research, please contact the University of Alberta Research Ethics office at XXX-XXX-XXXX

Participant's Name	Signature and Date
Investigator/Delegate's Name	Signature and Date

Appendix C

Focus Group Guidebook

Introduction:

The purpose of this focus group session is to better understand the experiences of conflict within multidisciplinary healthcare teams (MDT's) in the acute care setting. During this session I will be asking questions, taking notes on what is said and recording your responses with a digital voice-recording device.

Before we start, I would like to review the informed consent you signed earlier and provide an opportunity for you to ask any questions you might have about the consent or the interview.

Interview Prompts

Who they are

I'd like to begin by asking you to tell me a little about yourself and your experiences working in multidisciplinary teams in the health care setting?

Possible prompts could explore:

- How did you end up working in health care?
- What professional roles have you experienced over your career in health care?
- What does working in multidisciplinary teams (MDT's) look like to you?
- What are some of the advantages and disadvantages of working in MDT's?

Understanding of conflict

Next, I would like to explore what conflict means to you?

Possible prompts could explore:

- How would you explain what conflict is to someone else?
- How do you think others you work with define conflict?
- What are your feelings about conflict?
- How do you cope with conflict when it occurs?

Experiences with conflict in MDT settings?

What are your experiences with conflict working in multidisciplinary teams?

Possible prompts could explore:

- What are the different types of conflict that you have experienced in your setting?
  Probe: relationship conflict, task/process conflict, intragroup conflict, intergroup conflict
- How does conflict manifest itself in a MDT from your experiences?
- When does it occur most often? Least often?
- Are there unique factors in your work setting that contribute to conflict? If so what?
- What strategies do you use when conflict arises?
- What is the most challenging part of these experiences?

Factors that contribute to conflict

What do you think are the factors that contribute to conflict in MDT's?

Probe re types and sources of conflict

Probe re common themes and elements in conflict experiences; scopes of professional practice/trust/ conflict styles of leadership/ communication/power/

Probe re controllable versus non-controllable factors contributing to conflict

Factors that lessen conflict and build collaboration

What do you think lessens conflict and improves collaboration in MDT's

Probe re types and sources of conflict

Probe re common themes and elements in conflict experiences

Probe re controllable versus non-controllable factors contributing to conflict

Advice to Others

If you were speaking with other working professionals what advice would you give them in managing conflict in MDT's?

Closing

Is there anything else that you would like to say or add? Do you have any questions?

I'd like to thank you for taking the time to come and share your thoughts and feelings so openly.

We would be happy to provide you with a summary of our overall research findings once they are completed.